

SCSD DIABETIC MANAGEMENT RECORD, SCHOOL YEAR _____

Name of Student _____

Grade/Home Room (or Teacher) _____

Finger Stick Schedule _____ Insulin Coverage _____

Check ketones if BS > _____

Call parent if BS < _____ or > _____

Glucagon order present _____

Comments : _____

Parent Permission

Doctor's Order

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|-----------|------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| September | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | BS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Ins. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Initial _____ Signature _____
 1. _____
 2. _____
 3. _____
 4. _____

Initial _____ Signature _____
 5. _____
 6. _____
 7. _____
 8. _____

Codes

(A) Absent (O) No Show
 (E) Early Dismissal (W) Dosage Withheld
 (F) Field Trip (X) No School
 (N) No Medication Available

